

POSITION	INITIALS	ID NO.	DATE
			02 90-01
FEE DETERMINATION	F-F		
O.I.P.E. CLASSIFIER		48	3/6/01
FORMALITY REVIEW	EX	706	6-14-01
RESPONSE FORMALITY REVIEW	CK	1109	1-02-02
RESPONSE	CL	1109	2-28-02

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/5/01
2	✓	✓	5/5/01
3	✓	✓	5/5/01
4	✓	✓	5/5/01
5	✓	✓	5/5/01
6	✓	✓	5/5/01
7	✓	✓	5/5/01
8	✓	✓	5/5/01
9	✓	✓	5/5/01
10	✓	✓	5/5/01
11	✓	✓	5/5/01
12	✓	✓	5/5/01
13	✓	✓	5/5/01
14	✓	✓	5/5/01
15	✓	✓	5/5/01
16	✓	✓	5/5/01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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H.S.  
 6-14-01  
 6-17-01  
 2-28-02